

Case Number:	CM15-0132301		
Date Assigned:	07/20/2015	Date of Injury:	12/16/2009
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 62 year old female, who sustained an industrial injury on December 16, 2009. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, psychotherapy, MRI, MRA, myofascial release and deep tissue massage. Currently, the injured worker complains of bilateral shoulder pain rated at 8 on 10 for the right shoulder and 8 on 10 for the left shoulder. The pain is exacerbated by strenuous activity, is more prominent in the evening and is interfering with her sleep. The injured worker is diagnosed with right shoulder pain, post rotator cuff repair, left shoulder pain, retracted rotator cuff tear, depression and anxiety. Her work status is temporary total disability. A note dated May 12, 2015 states the injured worker is experiencing efficacy from myofascial release and deep tissue massage; however, the injured worker self-pays for this. The note further states the injured worker experienced therapeutic benefit from psychotherapy. A repeat MRI of the left shoulder without contrast is requested to more accurately diagnose the cause of her continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the left shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI of the left shoulder without contrast, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has left shoulder pain. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the left shoulder without contrast is not medically necessary.